

**ELECTRONIC TAX REPORTING PROGRAM
REGISTRATION AND AUTHORIZATION FORM
UNEMPLOYMENT INSURANCE TAX PROGRAM**

Transmitter Name:	
Employer Name:	
Employer Address:	
Cust ID (UI Acct #):	Federal EIN:
Transmitter Contact Information:	
Contact Person:	Phone Number:
Fax Number:	Email:
ACH CREDIT <input type="checkbox"/> ACH Debit - Warp on The Web (WOW) <input type="checkbox"/>	

If you chose the UI Tax ACH debit program, you hereby authorize the Unemployment Insurance Contributions Bureau to initiate debit entries to the bank account identified below on your behalf. These debits will pertain only to electronic funds transfer payments you initiate. This authority will remain in full force until you notify us in writing that you wish to terminate the Montana UI ACH Debit program.

THIS SECTION REQUIRED FOR ACH DEBIT FILERS ONLY	
Bank Name / Branch (or Street Address):	
Bank Routing Number:	Bank Account Number:
Name as Shown on Bank Account:	Authorized Signature:
Optional Information:	
Bank Contact Person:	Bank Contact Phone:

Complete this form and mail or fax to:
Electronic Tax Reporting Unit
Unemployment Insurance Tax Program
P.O. Box 6339
Helena MT 59604-6339

FAX: 406-444-0629
April Rose: 406-444-6963